

2. Extra Claim Fees:

			Extra Claims		Fee		Fee Paid
Total Claims	22	- 20 =	2	x	\$18.00	=	36.00
Independent Claims	2	- 3 =	0	x		=	0
Multiple Dependent						=	

Subtotal (2): \$806.00

3. Additional Fees:

Fee Description	Fee Paid

Subtotal (3): \$806.00

Total Amount of Payment: \$806.00

CORRESPONDENCE ADDRESS:

[X] Customer Number 21831


PRACTITIONER(S) OF RECORD:

[X] Customer Number 21831

SUBMITTED BY:

Name: Martin G. Reskin

Registration Number: 25,642

Signature: 

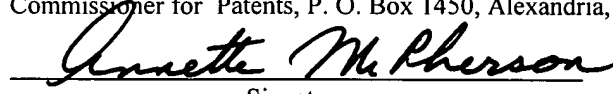
Date: November 17, 2003

CERTIFICATE OF MAILING

Express Mail Label No.: EV 333147395 US

Date of Deposit: November 17, 2003

I hereby certify that this correspondence and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.


Signature

Annette McPherson
Name of person signing Certificate